

POSITION	ID NO.	DATE
CLASSIFIER		
EXAMINER	299	6-27-94
TYPIST	324	6-28-94
VERIFIER		
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

INDEX OF CLAIMS

Claim	Date
Final Original	
1	6-27-94
2	6-27-94
3	6-27-94
4	6-27-94
5	6-27-94
6	6-27-94
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48	6-27-94
49	6-27-94
50	6-27-94

SYMBOLS

- ✓ Rejected
- ~ Allowed
- (Through numeral) Cancelled
- Restricted
- N Non-elected
- Interference
- A Appeal
- O Objected

Claim	Date
Final Original	
51	
52	
53	
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(LEFT INSIDE)